

SPECIAL CARE CENTER DIRECTORY UPDATE FAX COVER SHEET

To: Aimee Yuki
Provider Services Unit
Children's Medical Services Branch

From: _____

Fax: 916-322-8798

Phone: _____

Date: _____ **Total pages:** _____

Printed name of Medical Director

Signature of Medical Director

DIRECTIONS FOR UPDATING SPECIAL CARE CENTER DIRECTORY LISTING

- Find and print your SCC directory listing in the Special Care Center section of the CCS website (www.dhs.ca.gov/ccs).
- Write the changes (**including** additions or removals of staff) directly on your SCC directory listing. Print clearly with dark ink. Use an additional sheet of paper if necessary.
- If staff have been added to or removed from your SCC directory listing, supply their Medi-Cal Provider number(s), discipline, and effective date(s) using the table below:

Name	Discipline	Medi-Cal Provider Number	Action	Effective Date (mm/dd/yy)
			<input type="checkbox"/> Add <input type="checkbox"/> Remove	
			<input type="checkbox"/> Add <input type="checkbox"/> Remove	
			<input type="checkbox"/> Add <input type="checkbox"/> Remove	
			<input type="checkbox"/> Add <input type="checkbox"/> Remove	
			<input type="checkbox"/> Add <input type="checkbox"/> Remove	

- Complete the top portion of this cover sheet. The Medical Director **must** sign this cover sheet.
- Fax the completed cover sheet **and** your edited SCC directory listing to 916-322-8798.
- Updates are made within two business days. Changes are posted on the CCS website at the end of each workweek.

CMS USE ONLY

Received: _____
Entered in database: _____
Regional Office approval: _____
Sent to pending: _____
Notes: _____

